

California Rural Health Policy Council

CRHPC Research Projects

1. The Definition of Rural

- The RHPC established the standard definition for “rural” in California. This definition is used by all departments under the Health and Human Services Agency.
- A comparison of the California definition to various Federal definitions to establish the impact on the amount of Federal dollars brought into California.
- Provided data to California State Rural Association and contributed to the Policy Brief on Rural and Urban Commuting Areas (RUCA) definition as a unit of measure to determine “rural” and its negative impact for California.

2. Managed Care in Rural California - Access to healthcare

- Held working group to address accessibility standards for rural areas
- Developed proposed regulation language for the use of Department of Managed Healthcare
- In response to 2002 LAO report, researched the “pull-out” of managed care from rural areas

3. Rural Healthcare Funding Sources

- Researched and provided funding links through website for rural specific funding opportunities

4. Rural Healthcare Administration (response to AB 2281)

- Responded to Legislative staff inquiries
- Provided data and information to advocacy groups

5. Medi-cal Redesign and Current State Budget

- At request of rural constituents, created working group to analyze the impact of the current budget and Medi-Cal redesign on rural areas

6. Collaborated with OSHPD and DHS Technical Advisory Committee on Critical Access Hospitals, and the Rural Leadership Group to update Rural Hospital List

7. Strategic Rural Health Plan

- In conjunction with the Rural Leadership Group, currently working on developing a strategic rural health plan.

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Benefits to member departments

- Public Meetings provide a forum for all departments to hear rural issues and address rural constituents
- Provide rural data and technical assistance to all departments upon request.
- Provide first point of contact for rural constituents
- Represent all departments at rural health meetings, conferences, and workgroups
- Place on webpage links to all departments
- Place links on webpage to current department updates on rural programs and funding
- Monitor policy rural health state and federal policy issues

Partnerships and direct services to member departments

Office of Statewide Health Planning and Development:

- Partner with OSHPD on booths and educational forums
- Partner with OSHPD on research for rural definition
- Partner with OSHPD on rural healthcare workforce development
- Partner with OSHPD on GIS mapping services
- Collaborated to write status on rural health report for legislature
- Partner with OSHPD to provide rural demographics and data
- Partner with OSHPD and CMS on Rural Health Clinic information and to establish the RHPC website as the official site of CMS RHC information
- Collaborated with OSHPD to update Rural Hospital List

Managed Risk Medical Insurance Board:

- RHPC staff on the MRMIB Rural Demonstration Project Grant review team
- Provided MRMIB template for rural grant Request for Applications (RFA's)
- Provided maps for demonstration projects

Department of Health Services:

- Disseminate information regarding rural issues and regulations through our website and rural list serve.
- Partner with the State Office of Rural Health(SORH) in 3- R-Net membership
- Educated DHS staff on J-1 visa program
- Provide up-to-date data for Critical Access Hospital program
- Provided current Critical Access Hospital Maps
- Provided rural statistics for SCHIP application
- Represented Rural for joint (DHS and EMSA) bioterrorism meetings
- Reviewed grants for special funding for bioterrorism
- Provided template for RFA, scoring criteria and grant applications

Alcohol and Drug Programs:

- Provided forum for discussion on services to youth under 18 for substance abuse services and reimbursement

Emergency Medical Services Authority:

- Represented Rural at joint bioterrorism meetings.
- Reviewed grants for special funding for bioterrorism

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Department Health Mental Health

- Attend Planning Meetings and stakeholders meetings regarding Prop 63 Mental Health Services Act, (MHSA).
- Provide updates to rural constituents at rural roundtable meetings.

California Rural Health Policy Council (CRHPC) Working Groups and Ad Hoc Committees

The CRHPC has established a unique structure as a non-partisan body for two-way communication among private and public stakeholders to address rural healthcare issues by convening working groups.

Mandated Workgroups

Rural Health Report Workgroup

This group was established in July 2002. Its purpose was to evaluate the financial status of California's rural health system and to involve and collaborate with experts in private and government rural health entities to develop a comprehensive rural health report. The Rural Health Report was mandated by *Supplemental Report of the 2002 Budget Act HEALTH AND SOCIAL SERVICES Item 4140-001-0001—Office of Statewide Health Planning and Development*

Status: Report completed and submitted to the Health & Human Services Agency for approval. Approval pending

Geographic Access to Healthcare

In response to the 2002 LAO Report on HMOs in Rural California, the CRHPC developed a workgroup to assess managed care standards in rural California, such as the 15-mile/30 minute health access standard were not being implemented by the healthcare service plans. Legislation was written to address access to healthcare in rural areas (AB 1286). The legislation mandates that rural health providers must have input in the regulation development process.

Status: Meetings were convened to examine coordinated and collaborative methods to address issues of geographic access to healthcare. The CRHPC provided a meeting venue at our Lake Arrowhead public meeting with representatives of the Department of Managed Healthcare, the California Healthcare Association – Rural Health Center, and administrators from rural hospitals addressed this issue for proposed regulations.

Workgroups Requested by Rural Stakeholders:

Rural Health Leadership Group

This group was established in August 2004. The purpose of this group is to discuss and identify current fiscal year activities and to collectively prioritize the needs of the constituents. Through discussion of critical rural health issues; sharing effective approaches to address these issues; determine how we can collectively work to maximize our effectiveness through collaboration to improve rural health services and thus avoid duplication of effort.

Status: The CRHPC acts as the neutral convener of this group. The Rural Leadership Group meets bi-monthly. Representation includes advocacy groups, rural legislative caucus, OSHPD,

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DHS, ACHD and CMS. The group forms ad hoc working groups to address single issues. The Leadership group has formed the following ad hoc groups:

- Managed care regulations for access to healthcare services. Proposed regulations were forward to the Department of Managed Healthcare by the Group's represented associations.
- The affect of the current budget on rural healthcare

The Leadership group is planning to create a rural healthcare strategic plan at our next meeting.

Revision of Rural Hospital List

The State list of designated "Small or Rural" hospitals is outdated. The list is based on peer groups, which are no longer used, a lower population threshold and 1980 census data.

Status: CRHPC is developing proposed legislative language to revise the Rural Hospital List. Proposed language will be forwarded to the Health and Human Services Agency for approval.

Barriers to Substance Abuse Treatment for Adolescents Enrolled in Healthy Families

The Healthy Families Program contract with managed care providers does not provide reimbursement for drug and alcohol treatment of adolescents at County healthcare facilities.

Status: The regulations are under review. The stakeholders, included staff from the Department of Alcohol and Drug Programs, recommended that the MRMIB enter into a Memorandum of Understanding (MOU) with Health Plans to include public health departments in their provider networks. Follow up meetings are being scheduled.

Rural Healthcare Workforce Group

The Rural Healthcare Workforce Group provided a forum for public and private sector stakeholders to convene for purposes of the stakeholder collaboration, share best practices in efforts to close gaps in rural communities' workforce supply and development. Approaches included improvement of cultural competencies and reduction of demographic disparities. Develop approaches that complement existing initiatives to improve the supply of a trained healthcare workforce in rural areas; promote the need for recognizing the unique dynamics occurring in rural California's efforts to have a culturally competent healthcare workforce.

Status: The Workforce Group met quarterly. Research and fact gathering was completed. Members served as advisory group to California State Rural Health Association (CSRHA) to complete an application to expand Area Health Education Centers (AHECs) into rural areas. A new rural AHEC was formed through UC Davis. This group also explored ways that rural health providers can develop and/or share public telecommunication infrastructures.

Requested participation

CA Senate International Relations Fellowship Rural Tour
Cal Mortgage/DHS Quarterly Meeting
California Healthcare Association Rural Symposium
California Policy Action Committee briefings
California Primary Care Conference
California Rural Policy Task Force
California State Rural Health Steering Committee Meetings
CalPers Rural Health Task Force
Central California Rural Roundtable
Department of Health Services Technical Advisory Committee
Department of Managed Health Care Access to Healthcare Meeting

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Federal Definition of Rural Teleconference
Federal Rural Health Open Door Forum
GIS Coordinating Committee
Joint Advisory Committee on Bio-Terrorism
Joint Meeting: CRHPC, California State rural Health Association, California Healthcare Association – Rural Health Center
National Health Policy Forum
National Rural Development Partnership Conference Calls
National Rural Health Association Annual Conference
Northern California Rural Roundtable
Primary Dental – Access to Care (Health Manpower Pilot Project)
Rural Hospital Tour with ACHD and Legislative Rural Caucus
Rural Research Network Focus Group
Southern California Rural Roundtable
The Impact of Rural Classifications on Healthcare Providers
Urban and rural designations: A discussion of methodologies, benefits, and solutions
US Mexico Border Initiative Meeting/Farmworker Meeting

Development of Rural Specific Maps

Geographic Information Systems (GIS) Services

The Rural Health Policy Council staff also develops custom GIS topography maps upon request. This process requires developing databases, geo-coding addresses and developing maps. Examples are:

- 10 Agricultural Counties for UC Davis Bioterrorism Project Map
- All e-health sites Map
- All e-health networks Map
- Maps for each e-health service statewide
- Rural Hospital-based clinics Maps
- Critical Access Hospitals Map
- Rural Hospitals Map
- Rural Federal Qualified Health Centers
- Rural Health Centers Map
- Rural Medical Service Study Areas (MSSAs)
- CMSP Wellness and Prevention Report Cover Map
- Community Colleges Map
- A 9-County region map for ACTION
- Individual County Maps for Tulare, Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and San Luis Obispo Counties depicting US Congressional Districts, Senate and Assembly District Members and District numbers

California Rural Health Policy Council

Incoming Requests and Daily Activities

Dates: July 1, 2004- January 20, 2005

Website

Average hits to website per month: 18,000

Email Requests for Assistance

Total Email Requests: 317

Breakdown by Topic:

- Grants/ Funding: 50
- Employment/ Loan Repayment: 239
- Rural Demographics/ Statistics and Maps: 32
- Regulations and Designation Information: 25
- Special Requests and General Questions: 16

Breakdown by Service Receiver:

- State Entity: 24
- Public: 293

Telephone Requests for Assistance

Average DAILY Call Amount: 15

Approximate total served by telephone: 2,100

Service Receivers:

- State entities (including State Office of Rural Health)
- Rural advocates
- Rural health practitioners
- Students and Researchers
- General Public

Service Topics:

- Grants/ Funding
 - Funding availability (Sources)
 - Assistance with Grant applications (data and maps)
- Employment/ Loan Repayment
 - J-1 Visas
 - Job Placement
 - Job Listing (on webpage)
- Rural Demographics/ Statistics and Maps
 - MSSA
 - Rural Counties
- Regulations and Designation Information
 - Information Dissemination on current Regulations
 - Assistance contacting Administrators/Regulators
 - Designation Information
- Special Requests and General Questions

Service to Current RHPC Grant Contracts

Number of calls and emails responded to: 200